

Advanced Health Care Directive (Living Will)

Full Name:

Date of Birth:

Name(s) of persons you want to make decisions for you (Agent):

Address of the Agent:

Phone # of the Agent:

I draft the Advanced Health Care Directive. I meet with the client (and a witness) and go over the rather lengthy form with them. The person signs, the witnesses sign, and the original is given to the person the Directive is made for.

Fee: \$50.00